

RECEIVED

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GROUP 350

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	341	46 5-21-76
TYPIST	335	6/5/96
VERIFIER	Dm	6/7/96
CORPS CORR.		6/13/96
SPEC. HAND		
FILE MAINT.		
DRAFTING		

Best Available Copy

INDEX OF CLAIMS

Claim	Date
Final	10
Original	3
1	21
2	10
3	96
4	97
5	10/10/96
6	
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16	✓ = V
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SYMBOLS

✓	Rejected
=	Allowed
-	(Through number) Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
Final	51
Original	52
51	53
52	54
53	55
54	56
55	57
56	58
57	59
58	60
59	61
60	62
61	63
62	64
63	65
64	66
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92	94
93	95
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95	97
96	98
97	99
98	100
99	
100	

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